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KCTV5
FEIN: 42-0410230
4500 Shawnee Mission Pkwy
Fairway, KS 66205
(913)677-5555

CONTRACT

<u>Contract / Revision</u> 491433 /		<u>Alt Order #</u> 06298510
<u>Product</u> 365		
<u>Contract Dates</u> 08/28/12 - 09/04/12		<u>Estimate #</u>
<u>Advertiser</u> Susan Anthony PAC		<u>Original Date / Revision</u> 08/27/12 / 08/27/12
<u>Billing Cycle</u> EOM/EOC	<u>Billing Calendar</u> Broadcast	<u>Cash/Trade</u> Cash
<u>Station</u> KCTV	<u>Account Executive</u> Henry Finch	<u>Sales Office</u> TELEREPA-ATLA
<u>Special Handling</u>		
<u>Demographic</u> Adults 25-49		
<u>IDB#</u>	<u>Advertiser Code</u>	<u>Product Code</u>
<u>Agency Ref</u>		<u>Advertiser Ref</u>

And:

Design 4 Marketing Communications
106 North Collins Street
Plane City, FL 33563
USA

*Line	Ch	Start Date	End Date	Description	Start/End Time	Days	Length	Spots/ Week	Rate	Type	Spots	Amount
N 1	KCTV	09/01/12	09/01/12	KCTV5 News @ 10P Sat	10-1035pm		1:00			NM	1	\$1,000.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	08/27/12	09/02/12	-----1-				1	\$1,000.00			
N 2	KCTV	09/02/12	09/02/12	CBS Sunday Morning	8-930am		1:00			NM	1	\$1,000.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	08/27/12	09/02/12	-----1				1	\$1,000.00			
N 3	KCTV	09/03/12	09/04/12	10:00 PM-10:30 PM	10-1035pm		1:00			NM	1	\$1,600.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	09/03/12	09/09/12	MT-----				1	\$1,600.00			
N 4	KCTV	08/29/12	08/31/12	KCTV5 News @ 10P	10-1035pm		1:00			NM	3	\$4,800.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	08/27/12	09/02/12	--WTF--				3	\$1,600.00			
N 5	KCTV	08/29/12	08/31/12	CBS Evening News	530-6pm		1:00			NM	3	\$4,200.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	08/27/12	09/02/12	--WTF--				3	\$1,400.00			
N 6	KCTV	09/03/12	09/04/12	CBS Evening News	530-6pm		1:00			NM	1	\$1,400.00
		<u>Start Date</u>	<u>End Date</u>	<u>Weekdays</u>				<u>Spots/Week</u>	<u>Rate</u>			
	Week:	09/03/12	09/09/12	MT-----				1	\$1,400.00			
Totals											10	\$14,000.00

Time Period	# of Spots	Gross Amount	Net Amount
08/27/12 -09/04/12	10	\$14,000.00	\$11,900.00
Totals	10	\$14,000.00	\$11,900.00

Signature: _____ **Date:** _____

(* Line Transactions: N = New, E = Edited, D = Deleted)

Notwithstanding to whom bills are rendered, advertiser, agency and service, jointly and severally, shall remain obligated to pay to station the amount of any bills rendered by station within the time specified and until payment in full is received by station. Payment by advertiser to agency or to service or payment by agency to service, shall not constitute payment to station. Station will not be bound by conditions, printed or otherwise contracts, insertion orders, copy instructions or any correspondence when such conflict with the above terms and conditions. Two week advance cancellation notice is required unless otherwise specified.

Meredith Broadcasting does not accept advertising sales agreements that impermissibly discriminate on the basis of race or ethnicity. This non-discrimination provision is a condition of each advertising sales agreement with Meredith Broadcasting, whether verbal or written.

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and Location:	Date:
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I, Pam Mello

do hereby request station time concerning the following issue:

Healthcare Protections

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
see attached schedule					

Total Charges:

This broadcast time will be used by: Susan B Anthony List, Inc.

Does the programming (in whole or in part) communicate "a message relating to any political matter of national importance?"

☒ **Yes**

 ☐ **No**

For programming that "communicates a message relating to any political matter of national importance," list the name of the legally qualified candidate(s) the programming refers to, the office(s) being sought and the date(s) of the election(s) (if applicable):

President Barack Obama - U.S. President - Nov. 6, 2012

For programming that "communicates a message relating to any political matter of national importance," attach Agreed Upon Schedule (Page 3)

I represent that the payment for the above described broadcast time has been furnished by:

Susan B. Anthony List, Inc.

and you are authorized to announce the time as paid for by such person or entity. The entity furnishing the payment, if other than an individual person, is:

☐ a corporation; ☒ a committee; ☐ an association; ☐ or other unincorporated group.

The names, offices, and addresses of the chief executive officers, directors, and/or authorized agents of the entity are named below (may be attached separately):

I agree to indemnify and hold harmless the station for any damages or liability, including reasonable attorney's fees, that may ensue from the broadcast of the above-requested advertisement(s). For the above-stated broadcast(s), I also agree to prepare a script, transcript, or tape, which will be delivered to the station at least _____ before the time of the scheduled broadcasts.

TO BE SIGNED BY ISSUE ADVERTISER

8/23/12
Date

Pam Mello
Signature

813-849-0076
Contact Phone Number

TO BE SIGNED BY STATION REPRESENTATIVE

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title

NON-CANDIDATE REQUEST FOR POLITICAL BROADCAST INFORMATION OR TIME

This form must be completed for all requests for broadcast time made by anyone seeking to broadcast a message that refers (a) to a legally qualified candidate, (b) to any election to federal office, or (c) to "a national legislative issue of public importance" or a "political matter of national importance (i.e. an issue advertisement). The form must be placed in the station's public inspection file for a period of two years.

Date of Request: 8/24/12 Time of Request: _____

Candidate Named in Spot: President Barack Obama

Party: Democratic

Candidate for: U.S. President 2012
(Office) (Location)

Issued Referred to: Healthcare Protections

Name of Organization: Susan B. Anthony List, Inc.

Name of Organization Contact Person: Emily Buchanan

Address: 1707 L Street N.W., Suite 555, Washington, DC 20036

Telephone: 202-223-8073

Chief Executive Officers, Board of Directors, or Members of the Executive Committee of the Organization (attach a list, if necessary): Marjorie Dannenfelser

Emily Buchanan

Agency for Organization (if any): Design4 Marketing Communications

Name of Person Requesting Information/Time: Mandy Allen / Melissa Reidy / Pam Mello

Information Requested:

- Rates for _____
- Availabilities for _____
- Other: _____

Disposition for Request:

☐ Accepted ☐ Rejected ☐ Accepted or Rejected in part (attach explanation)

Rate Charged for Spot: _____

Class of Time Purchased: _____

Air Date and Time (attach a schedule of the advertising or program time provided, if necessary):

Date Public File Report Prepared: _____

Other Information: _____

Inquiry Received By: _____ 1